

State of South Carolina

AMENDMENT NO. TWO

Solicitation Number:
Date Issued:
Procurement Officer:
Phone:
E-Mail Address:

2000175193. February 9, 2011 Michelle Robison, CPPB 803-898-3469 robinsnma@dhec.sc.gov

DESCRIPTION: Provide Pharmacy Benefit Management (PBM) Services

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

USING GOVERNMENTAL UNIT: South Carolina Department of Health and Environmental Control

The Term "Offer" Means Your "Bid" or "Proposal". Your offer must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Offer" provision.

MAILING ADDRESS: SC DHEC – Division of Procurement Services Bureau of Business Management 2600 Bull Street Columbia, S.C. 29201			PHYSICAL ADDRESS: SC DHEC – Division of Procurement Services Bureau of Business Management 2600 Bull Street, Room 120 – Aycock Bldg. Columbia, S.C. 29201					
SUBMIT OFFER BY (Opening Date/		2:30 pm	(See "Deadline For Submission Of Offer" provision)					
QUESTIONS MUST BE RECEIVED								
NUMBER OF COPIES TO BE SUBMITTED: One (1) original and three (3) copies marked as "Copy"								
CONFERENCE TYPE: Not Applical DATE & TIME:	ole		LOCATION: Not Applicable					
(As appropriate, see "Conferences - Pre-Bid/Proposal" &	"Site Visit" provisions)	<u> </u>						
AWARD & Award will be posted on <u>03/01/2011</u> . The award, this solicitation, any amendments, and any related notices will be posted at the following web address: http://www.procurement.sc.gov								
Unless submitted on-line, you must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of sixty (60) calendar days after the Opening Date. (See "Signing Your Offer" and "Electronic Signature" provisions.)								
NAME OF OFFEROR (full legal name of business submitting the offer)		Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.						
AUTHORIZED SIGNATURE		TAXPAYER IDENTIFICATION NO.						
(Person must be authorized to submit binding offer to con	tract on behalf of Offeror.)	(See "Taxpayer Identification Number" provision)						
TITLE		STATE VENDOR NO.						
(business title of person signing above)		(Register to Obtain S.C. Vendor No. at www.procurement.sc.gov)						
PRINTED NAME	DATE SIGNED		ATE OF INCORPORATION					
(printed name of person signing above)		(If you are a corporation, identify the state of incorporation.)						
OFFEROR'S TYPE OF ENTITY: (Check one) (See "Signing Your Offer" provision.)								
Sole Proprietorship	Partnership	Other						
Corporate entity (not tax-exempt)	Corporation (tax-exempt) Government entity (federal, state, or local)							

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(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)			NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)						
				Number - Ext	tension Fa	csimile	Area Code -		
				mail Address E-					
PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause) Payment Address same as Home Office Address Payment Address same as Notice Address (check only one)				ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses) Order Address same as Home Office Address Order Address same as Notice Address (check only one)					
ACKNOWLEDGMENT OF AMENDMENTS Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)									
Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date		
			<u> </u>						
DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause) 10 Calendar Days (%) 20 Calendar Days (%)		20 Calenda	ur Days (%)	30 Calendar Days	(%)C	Calendar Days (%)			

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AMENDMENT #2

Description: Provide Pharmacy Benefit Management (PBM) Services.

Solicitation No. 2000175193.

AMENDMENTS TO SOLICITATION (DHEC – FEB 2007) – (a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offerors should monitor the following web site for the issuance of Amendments: http://www.scdhec.gov/procurement (b) Offerors shall acknowledge receipt of any Amendment to this solicitation (1) by signing and returning the amendment (2) by identifying the amendment number and date in the space provided for this purpose on Page Two,(3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

The solcitation is amended as follows:

Deadline for Submission of Questions: Change from 02/07/11 at 5:00 PM to 02/16/11 at 5:00 PM

Bid Submission Date: Change from February 10, 2011 at 2:30 PM to March 1, 2011 at 2:30 PM